

NEW JERSEY DEPARTMENT OF TRANSPORTATION DIVISION OF AERONAUTICS INSPECTION & AIRCRAFT OPERATIONS

http://www.state.nj.us/transportation/commuter/aviation/

Phone: 609-530-2900/Fax: 609-530-4549 APPLICATION FOR ALTERATION TO OR DEACTIVATION OF A LICENSED AERONAUTICAL FACILITY N.J.A.C 16:54

			Date:	
E:1:4 NI-			License Number:	
•			-	
Location:			-	
Applicant:			-	
Address:			-	
Telephone:		Fax Number:	-	
The followin	g attachments <u>must</u> be submitte	d to allow for a complete application:		
1.	Complete, but concise descript	tion of the project (must show that pro	oject is in 'concert with airport	
	development plan').			
2.	Scaled drawing(s) which indicate	aled drawing(s) which indicate location of modification with respect to closest runway ends and		
	centerline, with dimensions (bo	nterline, with dimensions (both vertical and horizontal).		
3.*	Legal description of property (tax	map). Copy of title if owned; lease arrang	ements if leased.	
4.	Eight (8) copies of completed F	ht (8) copies of completed FAA Notice of Proposed Construction or Alteration (FAA Form 7460-1)		
	support materials.			
5.	An explanation of how potentia	al environmental impacts will be addre	essed.	
6.*	Additional documentation for s	litional documentation for special use facility or type aircraft changes.		
7.	Petitions for exemptions related	tions for exemptions related to the proposed changes (If necessary).		
	Only: Attach a copy of submited by the Division for certain pr	tted FAA Notice of Landing Area Proprojects.	oosal (Form 7480-1).	
	Applicant Signature	Date		
vision Processing	Only:			
vision Signature:		Appro	oved Disapproved	
		Date		
mment or reason	for disapproval:			